FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
7739C CONST IMPROVE PERMIT	02.20.96	11201	SIZE: 2.26A

APPLICANT:	OWNER:
DAVIDSON STEPHEN & STORM RT 3 BOX 430 LOUISBURG NC 27549 TELEPHONE: 501-3189	DAVIDSON STEPHEN & STORM RT 3 BOX 430 LOUISBURG NC 27549

COMMENT:
REPLACING SEPTIC SYSTEM Pearce

LOCATION / DIRECTIONS:
SR 1404 N/R EAST OF SR 96 ON NORTH SIDE

FEE:	SIGNATURE OR OWNER OR AUTHORIZED AGENT:
100.00 1475	

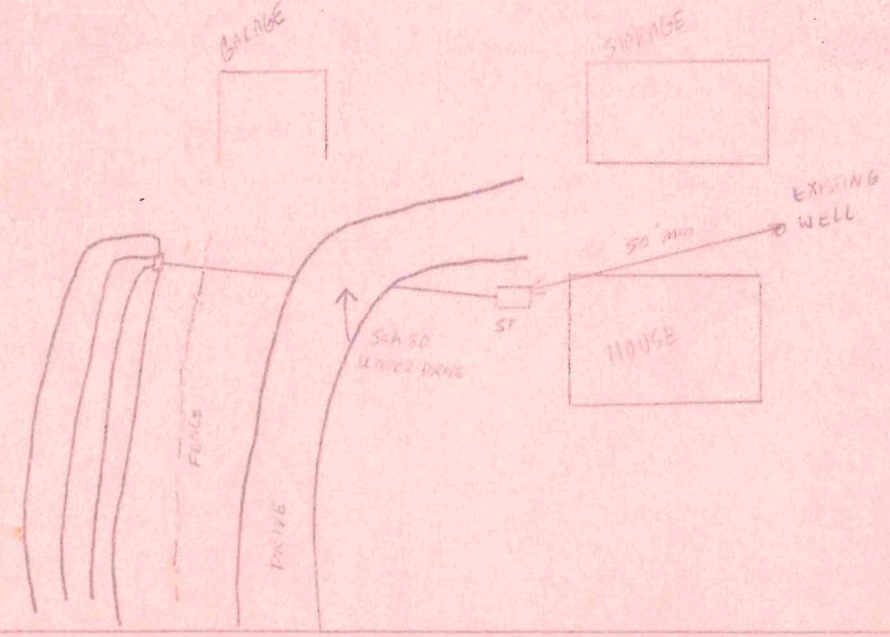
THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO PS	TEXTURE S	STRUCTURE S	DEPTH PS
R.HOR PS	SOIL.WET PS	AVAIL.SP S	OTHER /
MINRL S	OVERALL PS	LTAR .4	
#BEDRMS 3	GPD 360	DISPOSAL /	TYPE.SYS C
SZ.TANK 900	SZ.CHAMB /	NITRIFI 3'X300'	TYPE.WAT P
SITE.LOC /	MAX TRENCH DEP 30"	TYP.FAC SFD	

REMARKS: STAY 50' FROM WELL AND 10' FROM PROPERTY LINES

* OLD SEPTIC TANK MUST BE PROPERLY ABANDONED (PUMPED, CRUSHED, AND FILLED)

ELLIS 900 12-11-95
INFILTRATOR INSTALLED WITH 25% REDUCTION = 225'X3'



IMPROVEMENT PERMIT DATE: 2-20-96 ENV HEALTH SPEC: Glenn Johnson

CONSTRUCTION AUTHORIZATION DATE: 2-20-96 ENV HEALTH SPEC: Glenn Johnson

OPERATION PERMIT DATE: 3-4-96 ENV HEALTH SPEC: Glenn Johnson

SEPTIC PERMIT APPLICATION
Franklin County Health Department
Phone 496-8100

TxRECN#: 11201
PIN#:

SPermit#: 0
BPermit#: 6283
TMAP: I02 05 006

Township: Hayesville
Subdivision:
Prop.Address:

Zone: AR
Lot: Lot Size: 2.26A
St.Road: 1404

Applicant: Davidson, Stephen & Storm
Address: Route 3, Box 430
C/S/Z: Louisburg, NC 27549
Phone: (919) 501-3189

Owner: Davidson, Stephen & Storm
Address:
C/S/Z:

SF/Building Permit: Y
Bedroom#: 3
Commercial: NO
Public Sewer: NO
Public Water: NO
Type Facility: SFD
SPermit $:100.00

Mobile Home Permit:
Bath#: 1.0
Industrial:
Town:

Est.Daily Waste Flow: 360 GPD
Date: 02/20/96 Rec#: 1475

Notes: pre-existing dwelling-replacing old existing septic system

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ZONING PERMIT
Department of Planning & Development

Use of Property: pre-existing dwelling
Zoning District: AR
Setback Required: Front:30 Rear: 25 Side: 10

B. Winstead

Zoning Adminstrator

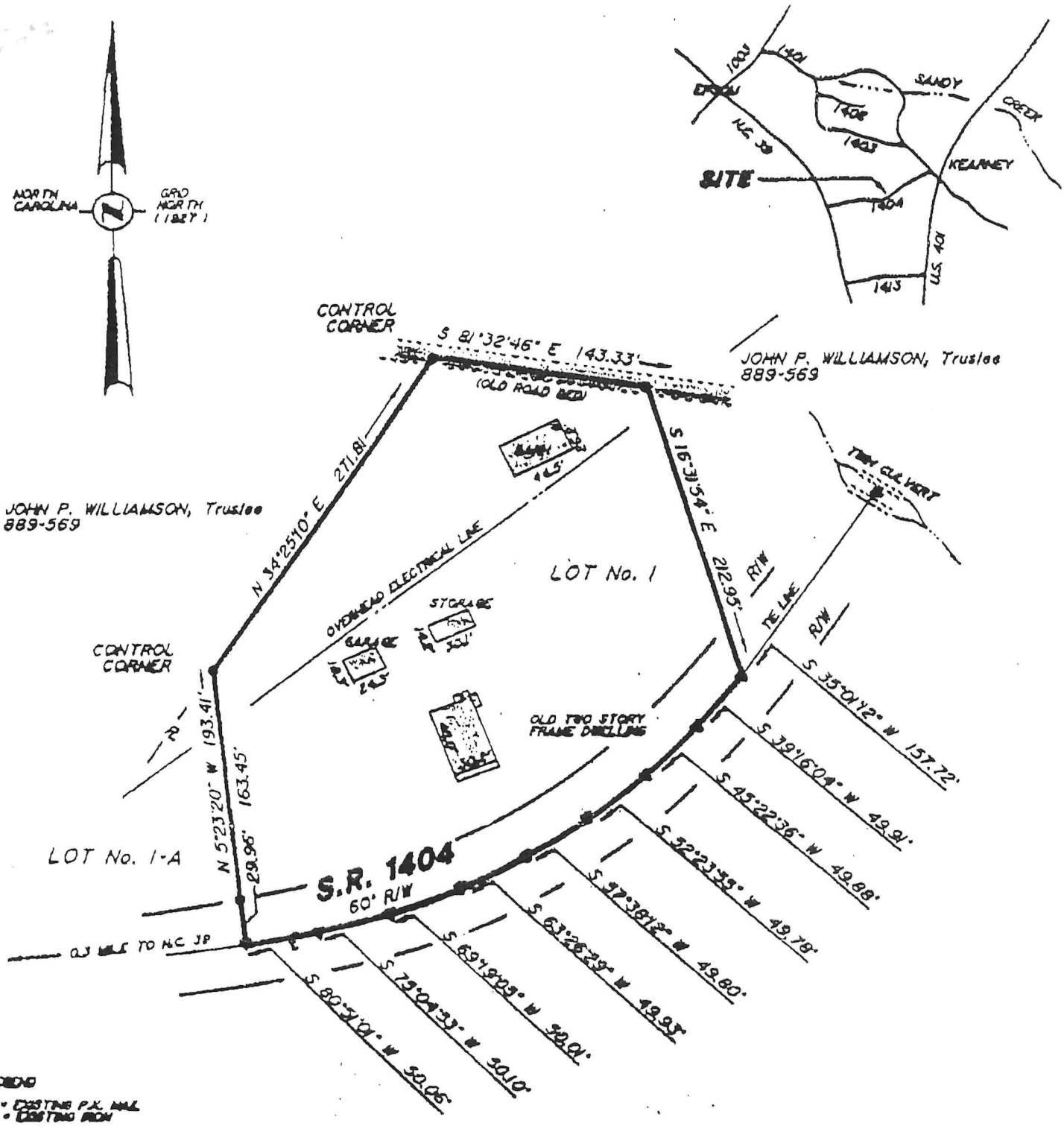
I certify that all the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized County representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner/Authorized Agent Date

Stephen Davidson

Call the Health Department (496-8100) between 8:00 AM and 9:00 AM on Monday-Friday to schedule an appointment with an environmental health specialist to evaluate your lot. He/she will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.

PER005B



LEGEND

▲ - EXISTING P.K. NAIL
● - EXISTING IRON

NOTE - THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA

REFERENCE
1. PLAT RECORDED FILE NO. 3, SLIDE 102
2. PLAT RECORDED FILE NO. 3, SLIDE 103

AREA = 2.26 ACRES BY D.M.D

STATE OF NORTH CAROLINA COUNTY OF FRANKLIN

THE UNDERSIGNED CERTIFICATE OF BETTY M. WRENN, NOTARY PUBLIC, IS CERTIFIED TO BE CORRECT. THIS PLAT WAS PRESENTED FOR REGISTRATION IN THIS OFFICE THE ___ DAY OF _____, 19__, AT _____ O'CLOCK A.M.

_____ REGISTER OF DEEDS.

I, MELVIN KEITH WRENN, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION FROM DEED DESCRIPTIO RECORDED IN BOOK 471, PAGE 537; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____, PA ____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1: 20,000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WI G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 23rd DAY OF MARCH, A.D., 19 88.

M. Keith Wrenn SURVEYOR L-2433 REGISTRATION NUMBER

NORTH CAROLINA, FRANKLIN COUNTY

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT M. KEITH WRENN, A REGISTERED LAND SURVEYOR, PERSONALLY APPEARED BEFORE ME THIS DAY AN ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 23rd DAY OF MARCH, 19 88

Betty M. Wrenn NOTARY PUBLIC - MY COMMISSION EXPIRES 2/15/92

NORTH CAROLINA BETTY M. WRENN